

**State of New Jersey
Department of Corrections
Division of Programs and Community Services
Office of Community Programs**

**APPLICATION FOR CONTRACTUAL SERVICES
RESIDENTIAL COMMUNITY RELEASE PROGRAM (RCRP)**

This application must be completed in full by the Chief Executive Officer of the agency desiring to enter into a contract with the New Jersey Department of Corrections (NJDOC) for the provision of residential community release services for male and female inmates.

The form is self-explanatory. Complete it as accurately and concisely as possible. If needed, you may attach more detailed responses.

RETURN this application with your RFP Bid Response to:

**NJ Department of Corrections
Division of Administration
Administration Building, Room 211
P.O Box 863
Stuyvesant Avenue and Whittlesey Road
Trenton, NJ 08625**

ATTN: Office of Financial Management, Bureau of Procurement and Contract Management

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct.

(Name of Non-Profit Vendor)

(Signature of Individual Authorized to Sign Contract)

(Title)

(Date Submitted)

F. Is agency current with all state and federal tax payments? ☐ Yes ☐ No

If no, please explain and provide status.

G. Is agency involved in disputes with local or state authorities? ☐ Yes ☐ No

If yes, please explain and provide status.

H. Has agency at anytime filed for bankruptcy protection? ☐ Yes ☐ No

If yes, please explain and provide status.

I. Have local or state authorities imposed fines or sanctions on agency in past 5 years? ☐ Yes ☐ No

If yes, please explain and provide status.

J. Years of experience in similar enterprise. _____

K. Briefly describe the history and background of your agency, including its most significant accomplishments. (Attach any brochures or relevant information describing your organization.) _____

L. Briefly describe your agency's current community involvement in the area to be served and your ability to develop local community and/or political support for the program.

II

FACILITY/PROGRAM INFORMATION

Facility/Program Name: _____

A. Address of facility in which contractual services are to be provided.

B. Is your program licensed by a state agency and, if so, for what purpose? _____

C. **Please attach copies of the following:**

1. Certificate of Occupancy;
2. Fire and health inspection reports (most recent);
3. Facility license, if applicable (Department of Human Services, etc.); and
4. Letters of support for the program from local community organizations or public officials;
5. ACA Accreditation, if applicable
6. PREA Audit results and proposed corrective action, if applicable

D. Does facility meet state and local zoning requirements?

☐ Yes ☐ No If no, please explain.

E. What is your facility's client capacity?

Residential

Males

Females

Non-Residential

Males

Females

F. If zoning use variance is necessary, please indicate status and/or date of application.

III

APPENDIX CHECKLIST

Facility/Program Name: _____

Section I – Agency Information

- A. ☐ Certificate of Incorporation
- B. ☐ Annual Report to Secretary of State of New Jersey
- C. ☐ Most recent Agency Audit and/or fiscal statement;
- D. ☐ Tax Exempt Certificate/Letter
- E. ☐ Charitable Organization/Annual Report
- F. ☐ Current/Previous Contracts
- G. ☐ N.J.S.A. 19:44A-20.27 – Disclosure Certification
- H. ☐ Notice of Intent to Subcontract Form
- I. ☐ Explanation and status of pending litigation (if applicable)
- J. ☐ Explanation and status of past due state and federal tax payments (if applicable)
- K. ☐ Explanation and status of disputes with local or state authorities (if applicable)
- L. ☐ Explanation and status of bankruptcy protection (if applicable)
- M. ☐ Explanation and status of state imposed fines or sanctions (if applicable)
- N. ☐ Notice of Intent to Subcontract Form

Section II – Facility/Program Information

- A. ☐ Certificate of Occupancy
- B. ☐ Fire and Health Inspection Reports
- C. ☐ Facility License, if applicable
- D. ☐ Letters of Support
- E. ☐ ACA Accreditation, if applicable
- F. ☐ PREA Audit results and proposed corrective action, if applicable